

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015183

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2355

FILED MAY 14 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Luthern Hospital		d. STREET ADDRESS (If outside, give location) 1316 Gibbs Rd., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Emil L. Doering		4. DATE OF DEATH Month Day Year April 27 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 18 1898
9. AGE (last birthday) 64		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		12. KIND OF BUSINESS OR INDUSTRY Frisco Railroad	
13. BIRTHPLACE (City and state or country) Kansas City, Mo.		14. CITIZEN OF WHAT COUNTRY U. S. A.	
15. FATHER'S NAME Louis Doering		16. MOTHER'S MAIDEN NAME Louise Pyetaki	
17. NAME OF HUSBAND OR WIFE Lulu Doering		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
19. SOCIAL SECURITY NO. [REDACTED]		20. INFORMANT Lulu Doering, 1316 Gibbs Rd, K C K	
21. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Recurrent Coronary Artery Thrombosis DUE TO (c) Coronary Artery Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 10 min 3 years 5 years	
22. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		23. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		25. TIME OF INJURY Hour Month, Day, Year p.m.	
26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
28. CITY, TOWN, OR LOCATION		29. COUNTY	
30. STATE		31. I attended the deceased from December 10 1958 to April 27 1962 and last saw him alive on April 20 1962 Death occurred at 1:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
32. SIGNATURE (Degree or title) Graham Asher M.D.		33. ADDRESS 1220 Independence Blvd Kansas City 6 Mo	
34. DATE SIGNED 4-28-1962		35. BURIAL, CREMATION, REMOVAL (Specify) Removal	
36. DATE Apr 30 1962		37. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	
38. LOCATION (City, town, or county) (State) Kansas City, Kansas		39. FUNERAL DIRECTOR Gates, 1901 Olathe Blvd., Kansas City, Kansas	
40. DATE RECD. BY LOCAL REG. 4-30-62		41. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK
OR
TYPEWRITER RIBBON

William Baker

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009
P. O. Address Overland Park, Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.